



DIVISION OF DRIVER LICENSING

VOLUNTARILY SURRENDERED LICENSE AFFIDAVIT

Surrendered license must accompany this form.

I hereby voluntarily surrender my driver license to the Kentucky Division of Driver Licensing for the following reasons(s):

1. ☐ Insurance Purposes
2. ☐ No longer want to drive
3. ☐ Health Reasons (*Explain. Attach additional sheet if more space is needed.*)

I understand that:

- a. If I decide to reapply for my driving privilege, I will be required to return to the Circuit Clerk's office to have my license reissued.
- b. If I surrender any class license/permit, I have one year from the date I last held a valid license/permit without being required to test. This includes any period of time in which my commercial driver license/permit was suspended, cancelled or otherwise invalid; and,
- c. If my license/permit has been expired for more than one year, I will be required to successfully complete all or a portion of the driver's examination associated with the class license/permit I wish to obtain.

NAME (<i>first</i>) (<i>last</i>)		DATE OF BIRTH			
ADDRESS (<i>street</i>)	CITY	STATE	ZIP		
KENTUCKY LICENSE #					
Class License/Permit being Surrendered (<i>Check all appropriate classes.</i>)					
A	B	C	D	E	M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENDORSEMENTS (<i>if applicable</i>)		RESTRICTIONS – CDL (<i>if applicable</i>)			
DATE		WITNESSED			
SIGNATURE		TITLE			